



CERTIFICATE OF MAILING

I hereby certify that the below listed items are being deposited with the U.S. Postal Service as first class mail in an envelope addressed to:

**Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450**

on

10-31-05

Jeffrey R. Kuester

In Re Application of:

Delgado, et al.

Serial No.: 10/021,422

Filed: December 19, 2001

Confirmation No.: 3282

Group Art Unit: 3621

Examiner: Abdi, Kambiz

Docket No.: 190252-1211

For: **System and Method for Managing Sponsorships**

The following is a list of documents enclosed:

Return Postcard
Amendment Transmittal Page
Petition for Extension of Time - 2 months
Fee Transmittal
Credit Card Authorization - Authorizing \$450.00
Response

Further, the Commissioner is authorized to charge Deposit Account No. 20-0778 for any additional fees required. The Commissioner is requested to credit any excess fee paid to Deposit Account No. 20-0778.

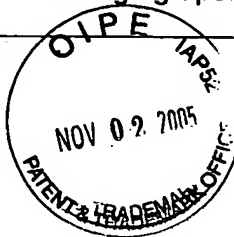
Customer No.: **38823**

AMENDMENT TRANSMITTAL LETTER (LARGE)Applicant(s): **Delgado, et al.**

Docket No.

190252-1211Serial No.
10/021,422Filing Date
December 19, 2001Examiner
Abdi, KambizConfirmation No.
3282Group Art Unit
3621Invention: **System and Method for Managing Sponsorships**

Commissioner for Patents
Mail Stop Amendment
P.O. Box 1450
Alexandria VA 22313-1450



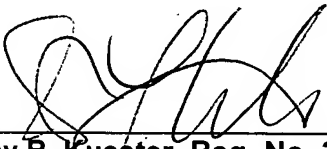
Transmitted herewith is a Response and Petition for Extension of Time (2 months) in the above-identified application.

The fee has been calculated and is transmitted as shown below

CLAIMS AS AMENDED

	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	34 -	52 =	0	X \$50.00	\$0
INDEP. CLAIMS	2 -	4 =	0	X \$200.00	\$0
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>				\$360.00	\$0
EXTENSION FEE	1 ST MONTH <input type="checkbox"/> \$120.00	2 ND MONTH <input checked="" type="checkbox"/> \$450.00	3 RD MONTH <input type="checkbox"/> \$1,020.00	4 TH MONTH <input type="checkbox"/> \$1,590.00	\$450
Other Fees:					\$0
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$450.00

- ☐ No additional fee is required.
- ☐ Please charge Deposit Account No. _____ in the amount of _____
- ☐ A check in the amount of _____ to cover the filing fee is enclosed. A duplicate copy of this page is enclosed.
- ☒ A Credit Card Payment Form PTO-2038 is attached in the amount of \$450.00 (for 2 mo. EOT).
- ☒ The Director is hereby authorized to charge any deficiencies of the above fees or credit any overpayment to Deposit Account No. 20-0778.



Jeffrey R. Kuester, Reg. No. 34,36710-31-05
Date